

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 12 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0013002 AF

DOCUMENT # M97000000490
1. Entity Name
PENSACOLA 1997 ASSOCIATES, L.L.C.

Principal Place of Business: 235 MOORE STREET, SUITE 200, HACKENSACK NJ 07601
Mailing Address: 235 MOORE STREET, SUITE 200, HACKENSACK NJ 07601-7417

2. Principal Place of Business: 15 Maple Ave, Suite, Apt. #, etc.
3. Mailing Address: 15 Maple Ave, Suite, Apt. #, etc.
City & State: Morristown, NJ
Zip: 07960, Country: [blank]

4. FEI Number: 22-2540163
Applied For: Not Applicable
5. Certificate of Status Desired: \$5.00 Additional Fee Required



MJM

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name: [blank]
Street Address (P.O. Box Number is Not Acceptable): [blank]
City: [blank] FL Zip Code: [blank]

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME: MGR STREET ADDRESS: SP PENSACOLA MANAGEMENT CORP. CITY-ST-ZIP: 235 MOORE STREET, SUITE 200, HACKENSACK NJ 07601	<input type="checkbox"/> Delete
TITLE NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Delete
TITLE NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Delete
TITLE NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Delete
TITLE NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Delete
TITLE NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME: [blank] STREET ADDRESS: 15 Maple Ave CITY-ST-ZIP: Morristown, NJ 07960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED: Pensacola mgt corp Date: 4/7/00 Daytime Phone #: 973-292-9585

CR2E083 19/99